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Dr Praxton S. W. 11<sup>th</sup> & Chest

On

Inaugural Essay

on

Petens, or jaundice.

Presented

To the medical Faculty

of

the University of Pennsylvania.

For

The degree of Doctor of Medicine.

By

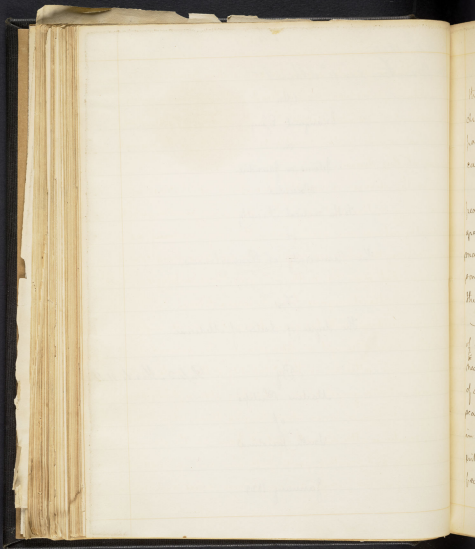
Martin Phillips

of

South Carolina.

Passed March 11. 1829

January 1829.



Jaundice presents a singular and striking peculiarity to the medical philosopher, and although farther advanced in his department of medical science than the ancients, the modern pathologist is still totally unable to unfold to us the proximate cause of this disease.

As the disease is usually presented to us, it first appears by a yellowish tinge of the tunica conjunctiva, which gradually extends over every part of the body, insinuating as many affirm, the whole complexion, — the secretions being coloured, some assert that even the milk is tinged; bones cartilages, and the whole internal organs bear the same tincture.

It is ushered in with languor, depression of spirits, negligence of motion, sense of weight, or oppression in the praecordia, nearly always attended with a torpidity of the bowels, stools of an ash, white, or greyish colour, indicating absence of bile; urine scanty, of a paffow, or brown colour, tinging linen when diffused in it; sometimes attended with violent pain in the stomach, with nausea, and vomiting, pulse full and resisting, head affected with pain or fulness; more or less fever arises, and cramps

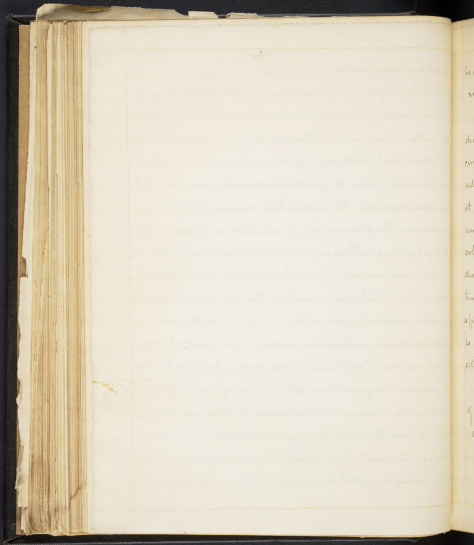
The first part of the book is devoted to a general  
description of the country, its soil, climate, and  
the various tribes of Indians who inhabit it. The  
author then proceeds to a detailed account of the  
history of the country, from the first discovery  
of it by the Europeans to the present time. He  
describes the various wars and revolutions which  
have taken place, and the different governments  
which have been established. He also mentions the  
commerce and trade of the country, and the  
various arts and manufactures which are  
practised. The book is written in a plain and  
simple style, and is very interesting and  
instructive. It is a valuable work for every  
person who is interested in the history and  
geography of the country.



in extremities or motion.

The only necessary symptoms are the yellow tinge of the skin, want of bilious matter in the intestines, and an ex-cess in the urines; but even these are liable to vary, for the tunica conjunctiva is at times only affected, cases are on record where only particular parts became coloured, one where only half of the body was tinged, and that so exact that only one half of the nose was coloured. The stools instead of indicating a deficiency of bilious fluid, have sometimes an excess of it, and are also laxative.

The vision we are told is affected, so that objects appear of a yellow colour; that this is sometimes the case we will not doubt there is too much respectable authority to establish the truth of it. Dr Good relates an instance, in himself whilst a student, he says the first suspicion I entertained of my being affected with jaundice was from the yellow tinge with which every object around me appeared to be arrayed. But many authors equally respectable declare that they have never met with a case of the kind although in the habit of making particular enquiries on this point, — others deny that it ever occurs; the vision is said to

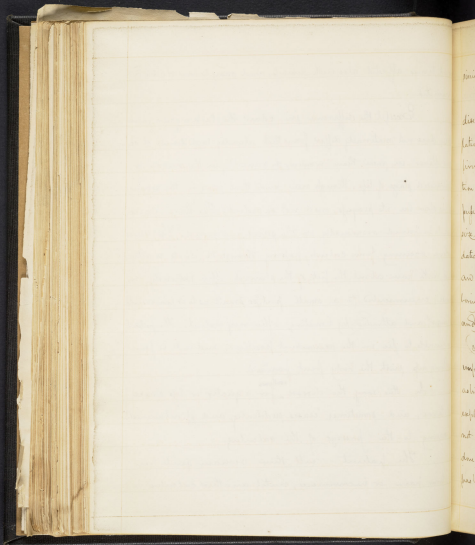


be at times affected also with dimness, and may become double or inverted.

Except the difference in colour the black or green jaundice does not materially differ from that already laid down; it occurs often in men than women, & generally in the middle or advanced stage of life, though now and then seen in the young. It is slow in its progress, and not so violent. The three colours are to be found occasionally in the same individual. The disease when occurring from calculi, passing through the ducts is attended with pain about the pit of the stomach often extremely in time, circumscribed to a small part, so small as to be covered with a finger, and attended by vomiting often very violent. The patient is unable to lie in the recumbent position, and will be found sitting up with the body bent forward.

In this way the disease <sup>continues</sup> for a quarter or half a year of time, and sometimes ceases suddenly and spontaneously owing to the passage of the calculus.

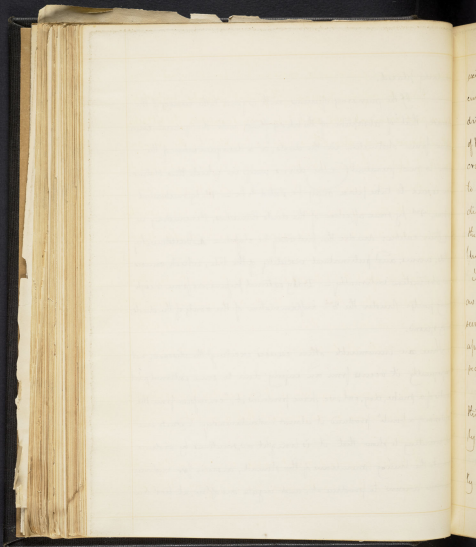
The patient will then remain quite free from pain or inconvenience, until another calculus is



similarly placed.

If the numerous opinions with regard to the cause of the disease, that of absorption of the biliary fluid into the general circulation from obstruction in the ducts, or a disorganization of the liver is most prevalent. The diverse ways in which this obstruction is said to take place may be stated to be — 1<sup>st</sup> by mechanical pressure, 2<sup>d</sup> by some affection of the ducts themselves, diminishing in size their caliber; under the first may be classed — 1. Gallstones, by calculi, worms, and putrimonial viscosity of the bile, which causes and obstruction internally. — 2<sup>d</sup> By external pressure, as from neighbouring parts. Under the 2<sup>d</sup> inflammation of the coats of the ducts; and spread.

There are innumerable other causes exciting the disease; not infrequently it occurs from an injury done to some external part as that of a snake, dog, cat, &c have produced it, "convulsion from the explosion of a bomb" produced it almost instantaneously. Facts are not wanting to show that it is brought on, sometimes by violence done to the living membrane of the stomach, as when for instance has been known to produce it, and ingesta are often, at least an

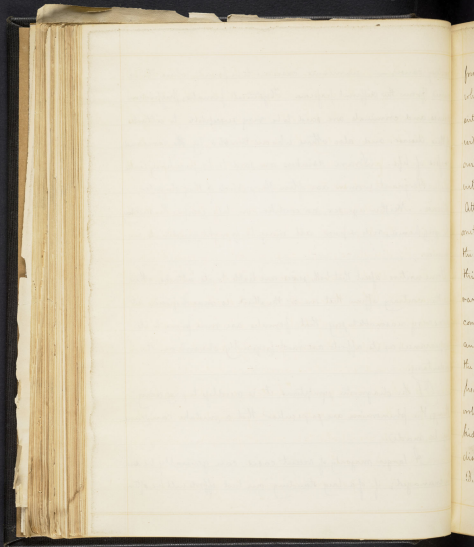


exciting cause, — numerous cases are to be found where it occurs from the different passions. Hysterical females, phlegmatics, and criminals are said to be very susceptible to attacks of this disease, and also others who are troubled by the cares and crosses of life. Dramatic drinkers are said to be peculiarly liable to it. Pregnant women are often the subjects of this singular disease. Whether age, sex, or condition in life causes the production of the grey brain, sick & poor all may be brought under its influence.

Some writers assert that both sexes are liable to its attacks; others on the contrary affirm that one or the other is more disposed, it seems very reasonable to say that females are more prone to its appearance, as its effects are most frequently observed on the sedentary.

Of the diagnostic symptoms it is needless to say any thing, the phenomena are so peculiar that a mistake can scarcely be made.

A larger majority of recent cases can generally be easily managed; if of a long standing our best efforts will be often





frustrated; when met with in children, it is easily cured: but when occurring in the aged and infirm, death is the almost inevitable consequence; our strictest attention, and best directed efforts will be too often unavailing; the disease biding defiance to our skill, will pursue its own course, and death too frequently will be the result; at best these cases are slow in recovery.

Attacks from gallstones are said to be rarely fatal, as also those met with in the hypochondriacal, hysterical, or pregnant patients; in the latter the disease is said to cease on delivery, some think this rather doubtful. Cases of green, or black jaundice are rarely curable. When there exists dropsical swellings, convulsions coma, apoplexy, or purging of dark grumous blood, danger exists and cure doubtful. We may generally predict a cure when the pulse, skin, and evacuations become more natural, and heaviness of head disappears. "Certain evacuations as hemorrhage from the nose, or rectum, or by perspiration, or from the kidneys, or bowels, are reported to be critical, promptly resolving the disease in some cases."

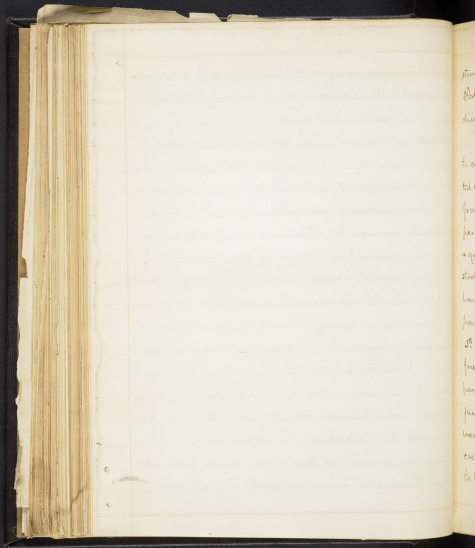
But at all times we should be particularly cautious in



giving our opinions as regards the termination of the case, a course of judgement will do more injury to the young practitioner than many correct predictions will refrain.

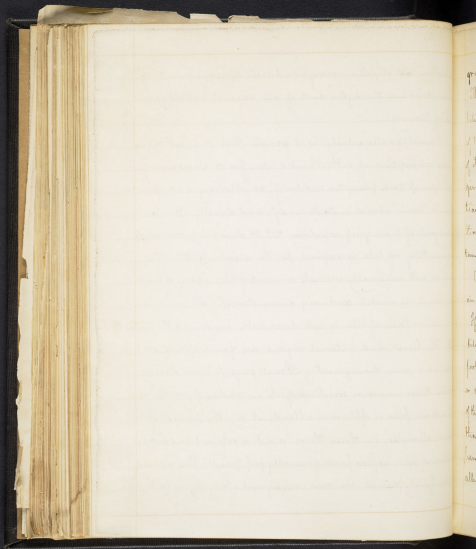
In post mortem examinations various are the appearances presented to us, - at one time not the slightest morbid change can be discoverable, at another the whole of the internal organs are nearly one mass of disease. The liver is at times found extensively changed, at other times perfectly sound. Gall stones are sometimes found, of various sizes, number & form in the liver, gall ducts, and not infrequently in gall bladder itself. The stomach and duodenum often betray marks of inflammation, and as often are totally exempt from any appearance of disease. Cerebral lesions are sometimes found.

Even in the present improved state of pathology, the proximate cause lies in obscurity, and yet acts a more happy prothesis. Some have attributed it to an absorption of bile into the circulation, No farther proof of the fallacy of this opinion is wanting than a case reported by Richter, where the gallstones had not existed, but to farther



strengthen and digestion, may be added an experiment of Portal whetted the eye of a dog of an animal without pain dice following.

Equally satisfactory is it proved that it is not owing to an absorption of either kind of life. For 1<sup>st</sup> Cases are reported where it took place too suddenly, as following concussion from a bomb "almost instantaneously" and directly after a paroxysm of fear, grief, or jealousy. 2<sup>d</sup> It does not follow when a quantity of life is exposed to the absorbents. 3<sup>d</sup> The stools do not invariably indicate a want of life, - "very often the bowels act as under ordinary circumstances." 4<sup>th</sup> The peculiar pithy taste of life is not discernable in any of the fluids. 5<sup>th</sup> The liver and internal organs are found after death free from any derangement. ; Powell says, it never accompanies those immense secretions of life in cholera. The jaundiced hue is often an attendant on the fevers of warm climates; in these there is not a superabundant secretion of life as has been generally supposed. This seems to be fairly proved in an unequal essay by a late



graduate, (Dr Wadell, of Georgia)

The proximate cause, by another person, has been attributed to "the secretion of bilious matter into the sub-cuticular tissues, in consequence either of the resorption of bile, into the general circulation, or of the retention of its elements in the mass of blood in case of hepatic torpor;" another gives it as depending "upon a deficient, or altogether suspended secretion of bile" the "excreting matter" becomes redundant. "It is therefore thrown out of the circulation, into the bladder" &c. "and thus symptoms of jaundice are produced".

(We will not here repeat anything against "the resorption of bile" in the first.

If the jaundiced bile depended on the "excreting matter of the bile," by "the retention of its elements" we would be induced to look for it in all those diseases where there is a deficient or no secretion of bile — but depending is said to depend on "torpor of the liver" & the engorged state of the portal circulation" & yet on these inform us not of jaundice as an attendant. In hepatitis we have "nausea and bilious vomiting generally an icteric hue of the conjunctiva & skin; urine changes with bile; and bowels costive" —

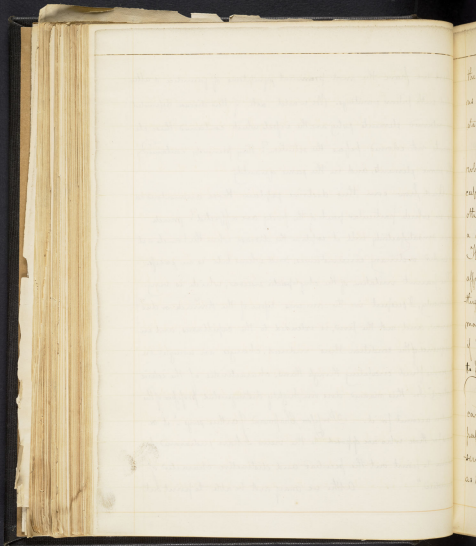




these we have the most prominent symptoms of jaundice & attend with bilious vomitings. We would ask if this disease depended on retained elements why are the vessels which contained these elements not coloured before the retention? They previously contained the same elements, and in the same quantity.

And how can this doctrine explain those anomalous cases in which particular parts of the body are affected? much more unsatisfactorily will it explain the disease when the bowels act as under ordinary circumstances, and when bile is in excess.

"The permanent irritation of the chylificæ viscera, which is very commonly, I suspect in the chronic stage of the stomach or duodenum, and not the liver, is extended to the capillaries, and in consequence of the condition thus induced, changes are wrought in the serum fluid circulating through them, characteristic of the icteric affection." In this manner does our highly distinguished professor of the practice account for it. Professor Chapman further says "it remains for those who are opposed to the views I have endeavored to sustain to point out the peculiar and distinctive character of jaundice" At the we may not be able to point out



the correct pathology, yet we sincerely hope it may be permitted  
us to differ with one so learned and possessing such an exalted  
station in our profession without being thought presumptuous.

We differ from Dr Chapman for many reasons some of  
which we will endeavor to adduce. We do not think it  
culpable of explaining those sudden cases already cited, & numerous  
others of a similar import, one case of it occurring in the person of  
a young girl so sudden as while reading a letter.

Those who have peerd post mortem examinations of this disease  
affirm that the internal organs are often found perfectly heal-  
thy, and although the stomach and duodenum do often bear  
marks of phlogosis, yet as often are they found quite free; but  
if the proximate cause was irritation of the stomach we would expect  
to find it often "irritative, its affluens"

That the disease often follows injuries of the stomach we  
cannot for an instant doubt, for Dr Chapman's very excellent  
paper for says "In two ~~one~~ instances of poisoning from ar-  
senic which came under my notice the skin as well  
as the perone exhalations in the cavities were deeply tinged"

Handwritten text, likely bleed-through from the reverse side of the page. The text is written in a cursive script and is mostly illegible due to fading and the texture of the paper. It appears to be a continuous paragraph or a series of connected notes.

"twice have I witnessed it brought on by ingesta".

Certain it is that inflammation does exist, yet may not this be an effect as often as it is a cause? From the very great sympathies existing between the stomach, and every other part of the system, strange indeed would it appear if no inflammation existed.

Whether the peculiar appearance in this disease depends on a change in the globules of the blood—from the colouring matter of the bile—or on some other cause, is as yet a point involved in much doubt and obscurity—we are more inclined to the former, but the manner in which this is affected is entirely conjectural.

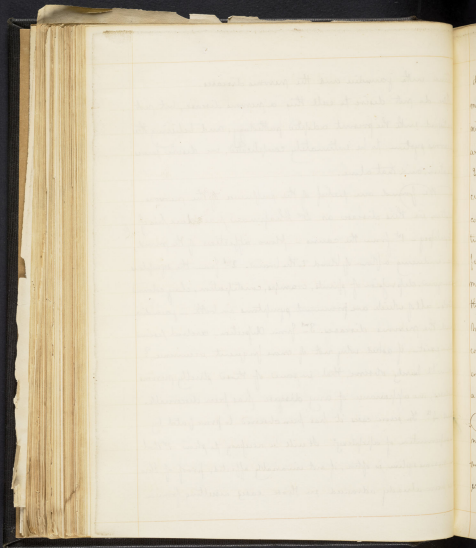
Dr Chapman in his course of reasoning when contending that fevers are the same disease only varying in type—says—"they arise from the same cause, occur in the same season of the year, alternate with each other, and are cured by the same remedies".—Now if this be true in fevers, the same course of reasoning must hold good every where else and it will only be necessary to show that such is



ture with jaundice and the nervous diseases.

We do not desire to call this a nervous disease, but not satisfied with the present adopted pathology, and believing the nervous system to be intimately complicated, we desire further investigation, and that alone.

We found our belief of the influence of the nervous system in this disease as Dr Chapman has done his of Epilepsy - 1<sup>st</sup> from the causes - flows - affections of the mind, &c. - inducing a flow of blood to the brain. 2<sup>nd</sup> from the symptoms - languor, depression of spirits, cramps, constipation, clay colored stools - all of which are prominent symptoms in both - jaundice and the nervous diseases. 3<sup>rd</sup> from disposition - cerebral lesions often exist - if asked why not of more frequent occurrence? we will barely observe, that in some of these strictly nervous diseases, no appearance of any disease has been discernible. And 4<sup>th</sup> In severe cases it has been observed to prove fatal by the superimposition of apoplexy. It will be necessary to show 1<sup>st</sup> that the nervous system is often, if not invariably affected; proof of this has been already advanced in those cases resulting from a





direct, or an indirect effect produced in the brain. "Salivum more common in phlegmatitis, than in any other of the phlegmasial affections except phlebitis." Andral says lesions of the brain are frequent occurrences.

2<sup>nd</sup> That secretion depends on the nervous system. No difficulty exists here; passions and emotions of the mind are often causes of the suppression of the menses. "A lady while menstruating received a fright from a fall, and an immediate cessation followed." Another case of a young lady during the period of menstruation was alarmed at the sight of a snake a cessation was the direct consequence. Saliva will flow at the sight of food. Numerous others can be adduced. one of the most satisfactory & conclusive is the following experiment - if all the nerves to an organ be divided, leaving the blood vessels untouched its secretory action ceases immediately.

Some experiments described in one of the late European journals (by Professor Mayer) it would seem that the nervous apparatus influenced the color and consistency of the blood, his experiments were performed on the par vagum nerve, - after



the death of the animal, which sometimes was a consequence of these experiments the blood found in the animals, vessels, pulmonary veins, and arteries, was solid and white, he says improperly called pus, in drawing his conclusions from these experiments, he says, that he is of the opinion that a ligature to the *par vagum nervi* preserves the color and consistency of the blood to a greater or less extent according to the length of time the animal lived after the experiment was performed; furthermore he makes mention in one of his experiments that the urine was so deeply tinged, that it would tinge linen yellow, in another the bowels were constipated. Now if a ligature to this nerve would cause such an obvious result on the blood, would it be so great a stretch of reason, to say - an effect as the nerves which have a direct influence over the capillaries would change the fluids circulating through them? for the capillary tissue is under a more direct influence of the nervous apparatus than any other tissue of the system.

Professor Allayer concludes that the fluidity of the blood depends on nervous action, yet he does not think his experiments



are conclusive, or positive.

Although yellow fever depends on miasmata, and is an inflammatory disease - yet so far as colour, it may be said to be somewhat analogous - refer to post mortem examinations in this disease - Dr Bartwright "found the ganglia - their investing membranes, and the nerves which issue from them more particularly the peri-lumbar ganglia, coeliac, and solar plexuses of a pearl, and sometimes of a black colour".

The black colour of the floor which at times is found in typhus fever must owe its deranged condition to that of the nerves -

The dark colour which is sometimes seen in epilepsy, attributed to putridity of colour, seems to depend on the nervous system.

The sudden changes of black hair to white, from grief, fright and other affections of the mind has the same cause.

Fright has been known to turn the skin black - if the nervous system can be so influenced it would seem strange if the retina were defended on the same.

From the forementioned we draw an argument in our favour - Dr Shadler in speaking of the use of cicuta in this



disease, says, "When the dose is gradually increased until its effects are distinctly felt in the head - the yellowness of the skin and eyes, in most instances begins to disappear by the second day and the disease is soon removed".

No disease has produced more confusion with regard to its cause and nature than jaundice, and none can show a longer list of boasted specifics - one remedy after another has been recommended and adopted, but experience, the touch stone of truth, has unfortunately consigned them all to oblivion and the disease remains to be treated on the broad principles of practice. Our practice cannot be expected to be uniform and infrequently symptoms must direct our choice of remedies, as our first object should be to direct our efforts to the cause, if known, by removing this a cure is effected.

Should and occurrence of the disease be not attended by pain or disturbance of general health we are advised not to use any remedies, but to leave the cure to nature.

But should pain and disturbance of the system be present we should evacuate the alimentary canal, and the best ~~remedy~~



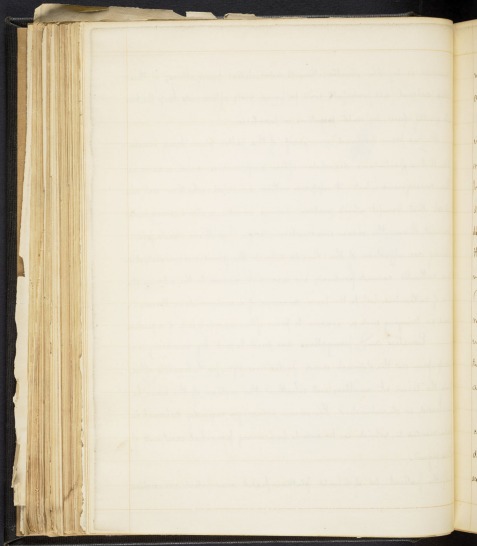


manner is by an emetic: then to administer purgatives; of this class calomel (all powerful) will be found best; afterwards keep the bowels gently free by mild purgatives, or laxatives.

It has been adduced in proof of this latter plan being sensible, that a spontaneous diarrhoea often supervenes and a cure is the consequence, but it appears rather doubtful whether one can expect that benefit which nature brings about - nature doing more benefit, than the mere evacuation itself - for there exists previously an affection of the fluids which the mere administration of a cathartic cannot produce; we are not averse to the administration of cathartics, but to the loose manner of recommending them, and for bringing such a reason to prove often a wrong side of a question.

Emetics and purgatives are said to act by making an impression on the stomach and intestines, sympathetically affecting the liver, it matters not whatever the action of the liver be increased or diminished, the same foreign remedy calomel is to be resorted to, which is known to be a very powerful excitant of this organ.

If the patient be of a full plethoric habit and febrile, resection



will be eminently serviceable, and a repetition will often be found necessary.

Should medicine first Opium is recommended to begin in substance, as the tincture will be liable to be thrown up, the stomach being irritable - topical bloodletting will also be found very beneficial, and would seem preferable to the Opium in this state of the stomach, but experience leads the practice. If topical bloodletting cannot be obtained blisters may be safely resorted to, (after the general excitement is reduced) & the warm bath is highly advantageous.

When spasm, or obstruction of gall ducts exists, our remedies must be more vigorous, and addressed more directly to the remoteness, we are advised to resort to opium resuscitation, sometimes ad deliquium to the warm bath, topical bleeding by leeches, or cups, to resuscitation, to anodyne pruritus of emetics.

In those cases where obstruction is supposed to exist from calculi, some affirm that the administration of emetics is not only doubtful, but often hazardous, adding to the irritation already existing on the other hand another declares that "there is no



means of pushing forward a pilary contraction, that is more probable than the action of vomiting<sup>g</sup> which is said to act on the gall bladder, by the exertion of the parts called into play by the act of vomiting - caution seems to be necessary in their administration: which of these modes may be correct we cannot say but will venture on the safe side, to follow our distinguished professor, who prescribes emetics rarely counter indicated by "Much pain, fever and general excitement" such existing emetics are to be avoided.

We are advised next to resort to a certain class of remedies which are said to possess the power of discharging; although this is now known to be, but an opinion, they are given, and often with an evident beneficial result. The best of this class in present use are the alkalis - and of these castile soap considered best, mixed with rhubarb, or aloes, or calomel. Many others have been recommended, - fetid mixture, ether, oil of turpentine, dandelion &c &c of these the latter is best.

A pretty constant impulsion on the alimentary canal some recommend - a gently elevated water pump "a continued salivation



of aperient medicines under the impression of their affording a substitute for the natural stimulus of the bile has been productive of serious incalculable".

Many other remedies have been recommended, and not a few have met with merited neglect - in most cases, however, with more to be wanted, and often a proper regulated diet will effect a more rapid cure, with less trouble to the physician, less expense and injury to the patient. Moderate exercise - or horseback preferable if health and strength will permit, - cheerful company, and a proper regimen will very often effect more than the apothecary with a parade of all his drugs.

Not much need be said of the Black, or Green jaundice, all of our remedies should be addressed to making the patient as comfortable as practicable, palliatives are our only remedies "saline cathartici sive palliati - hic est incurabile"

And lastly the "Yellow gum" or jaundice of infants may generally be removed by a dose of castor oil, or some mild purgative. As a recurrence of the disease is not infrequent the patient should guard against all exciting causes.





During the past summer and autumn having had every facility afforded us of gaining medical knowledge not only from the 'Medical Institute', but also from the practice of the above named, (the latter is due to the marked kindness of Dr. Voss & the two resident physicians) allowed to attend the resident physicians in their daily rounds through the wards, of watching the course of the disease, observing the imperious of remedies - marking changes and different plans of treatment; also having several opportunities of seeing the difference in the issue of the plans of treatment now in vogue - disturbing & physiological - we must give our feeble testimony in favour of the latter, trials were often instituted, and to every appearance clearly in favour of this plan - Reason appears to be in its favour and with such a judicious practitioner as Dr Samuel Jackson practice cannot fail of adding lustre to the Broussais plan of treatment."

